

Adult Day Health Care Services

Definition: Adult Day Health services are furnished 5 or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Authorization of services will be based on the recipient's need for the service as identified and documented in the individual's plan of care. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care are not furnished as component parts of this service.

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. These centers/agencies are listed on the Adult Day Health Provider Listing or you may contact your supervisor if you have questions about a center's/agency's enrollment status.

Arranging For The Service: Once it is determined that Adult Day Health services are needed, you should document the need for the services in the individual's plan and provide the individual or his/her family with the listing of enrolled providers. You should assist the family as needed or requested in choosing a provider and document that you offered a choice of providers.

Note: The most current scope of services can be viewed on the SCDHHS website.

Prior to starting the service, the Adult Day Health Care center/agency must obtain the Community Long Term Care Adult Day Health Care Form (DHHS Form 122 DC) from the physician and provide a copy for you to properly authorize services and include in the individual's file.

Note: A separate Adult Day Health Care Assessment is not required

Once the amount and frequency of the service has been determined and the family has selected a provider, you must contact the chosen provider to determine space/service availability. Also, at this point, you will enter budget information into the Waiver Tracking System (S79).

Once approved, you can negotiate a start date with the center or agency then authorize the service. For Adult Day Health Care, one unit equals one "individual day" which is a minimum of 5 hours per day excluding transportation time. The **Community Supports Form AD-23** must be used to authorize the service. The **Community Supports Form AD-23** instructs the provider to bill Medicaid for services rendered.

The **Community Supports Form AD-23** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care agency or until services are terminated.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service (refer to Chapter 9 "Monitorship of Community Supports Waiver Services"). Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Adult Day Health Care Services:

- Must complete on-site monitorship during the first month while the service is being provided
- At least once during the second month of service

- At least every six (6) months thereafter
- Yearly on-site monitorship required

Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Center?
- Is the ADHC Center clean (sanitary)?
- Is the ADHC Center in good repair?
- How often does the individual attend? If less than five hours a day, is this authorized?
- Are there any health/safety issues?
- Is this consistent with the authorization?
- How often does the ADHC Center Staff have contact with family?
- Are there any behavior problems?
- What type of recreational activities does the person participate in?
- What types of recreational activities does the ADHC Center offer?
- Does the individual feel comfortable interacting with staff?
- What are the opportunities for choice given to the individual?
- What type of care is the individual receiving?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeal/reconsideration process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

TO: _____

RE: _____

Individual's Name / Date of Birth

Address

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # **C S** / / / / /

Adult Day Health Care Services (X6987)

Number of Units Per Week : _____ one unit = 1 (4 hour) day

Start Date: _____

Service coordinator: **Name / Address / Phone # (Please Print):**

Signature of Person Authorizing Services

Date

